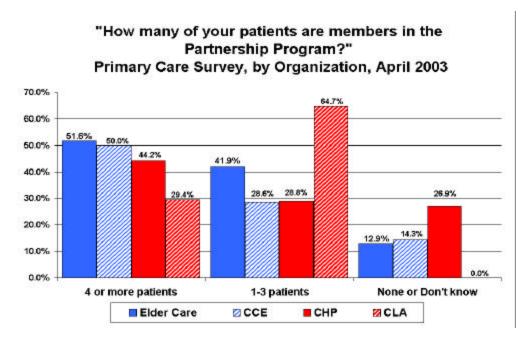
Primary Care Provider Satisfaction Survey Wisconsin Partnership Program April 2003

Description of Survey Process

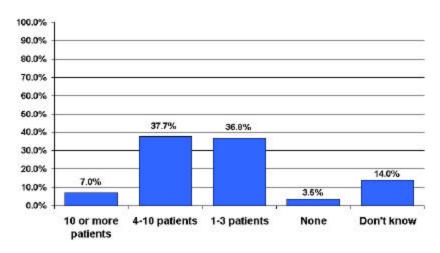
In January 2003, staff from the Department of Health and Family Services and the Partnership organizations developed a provider satisfaction survey for primary care physicians. The survey was mailed in March 2003 to all 333 primary care physicians contracting with the Wisconsin Partnership Program (WPP). (A similar survey was conducted in October 2001 of primary care and home healthcare providers.) Close to 35% of the 2003 surveys were completed and returned, as compared to the return rate of 40.6% for primary care physicians in the 2001 survey. The following table summarizes the number of surveys sent and returned.

	# Surveys	# Surveys	% Surveys	
	Sent	Completed	Completed	
CCE	38	14	36.8%	
CHP	144	52	36.1%	
CLA	69	17	24.6%	
Elder Care	81	31	38.3%	
Total	333	114	34.2%	

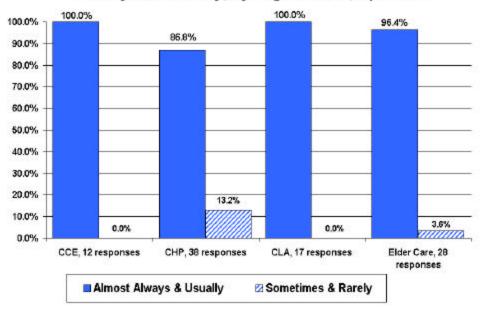
The following graphs display the responses in aggregate and by Partnership organization. The aggregate survey findings are statistically significant at a 95% confidence level and confidence interval of seven. The findings are not statistically significant by the individual Partnership organization because of the small number of surveys returned. The majority of the responses to the survey are very positive, especially responses about the amount of paper and phone work, and the involvement and collaborative relationship with the nurse practitioner. A number of physicians did not know how many Partnership members they treated in their practice. It's unknown if it's common knowledge for physicians to know their patient's managed care program.



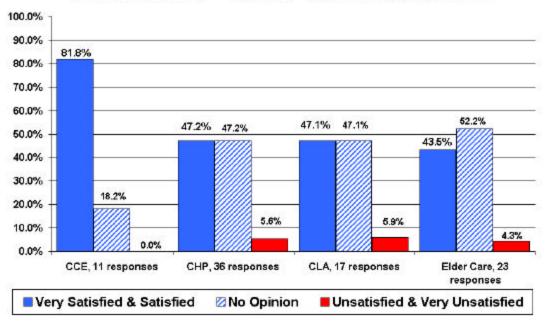
"How many of your patients are members in the Partnership Program?" Aggregate of 114 Responses, Primary Care Survey, April 2003

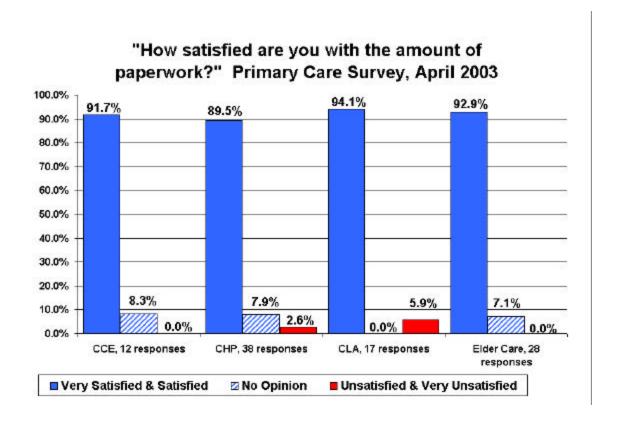


"Do you have the needed background information?" Primary Care Survey, by Organization, April 2003

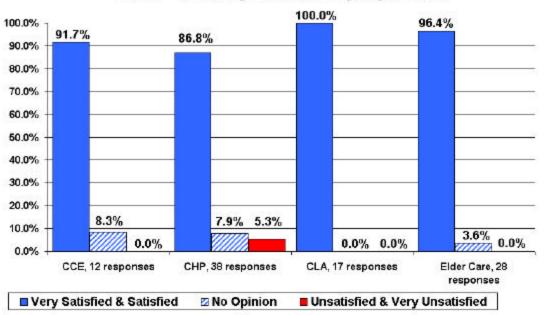


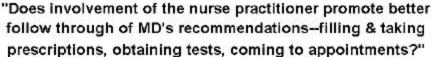
"How satisfied are you with appropriate reimbursement?" Primary Care Survey, April 2003

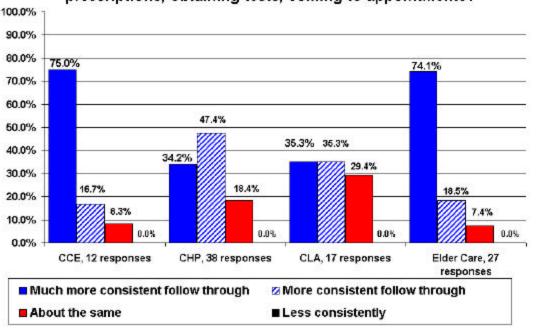


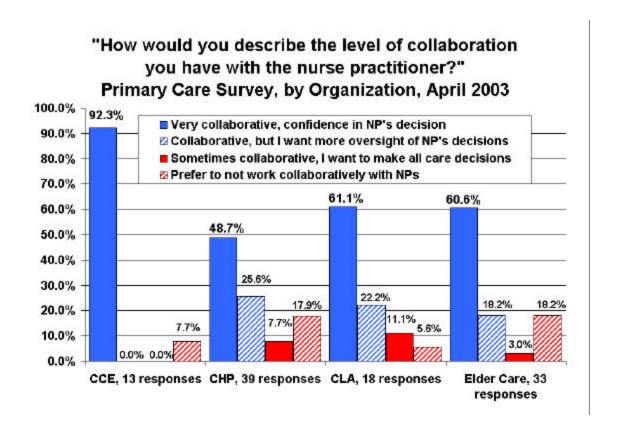


"How satisfied are you with the amount of phone work?" Primary Care Survey, April 2003





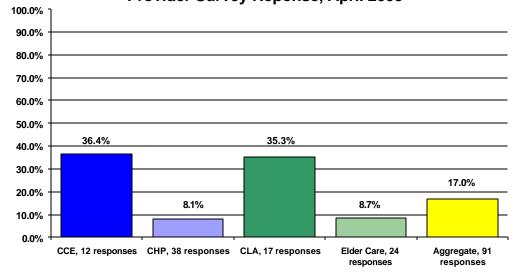


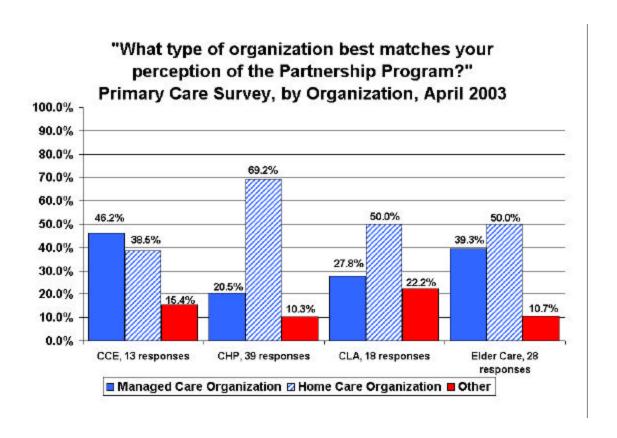


Primary Care Physician's Involvement with ISP (Individualized Service Plan), by Organization, by Percentage

# Responses	Have not seen ISP	Routinely get ISP, but not involved in development	Rarely see ISP & not involved in development	Routinely get ISP & am involved in development	Rarely get ISP but am involved in its development
CCE, 12	8.3%	41.7%	8.3%	36.4%	8.3%
CHP, 38	10.5%	71.1%	7.9%	8.1%	2.6%
CLA, 17	5.9%	52.9%	5.9%	35.3%	0.0%
Elder Care, 24	33.3%	50.0%	4.2%	8.7%	4.2%
Total, 91	15.4%	58.2%	6.6%	17.0%	3.3%

"I routinely get a copy of the ISP (Individualized Service Plan) and have been involved in its development." Provider Survey Reponse, April 2003





Summary of the Aggregate Findings

- 44.7% (n=98) of the primary physicians who returned the survey had 4 or more Partnership members.
- 14.0% of the responding physicians did not know how many Partnership members they served and 3.5% indicated they had no Partnership members.
- 51.1% of the primary care physicians responded that the involvement of the nurse practitioner promoted "much more consistent follow through" of physician recommendations and an additional 33.0% said the NP involvement promoted "more consistent follow through" of physician recommendations. None of the responding physicians indicated that there was "less consistent" follow through.
- 60.2% of the primary care physicians responded that the level of collaboration with the NP was "very collaborative".
- 75.2% of the primary care physicians "routinely get the Individualized Service Plan (ISP), but only 20.3% reported that they were "involved in the ISP development". Approximately 25% "have not seen" or "rarely see" the ISP.

Survey Observations: Comparing Responses Between Partnership Organizations

The responses by individual Partnership organizations are not statistically significant because of the small number of returned surveys. Thus comments and comparisons must be made cautiously. Some general observations include:

- CHP had a greater proportion of primary care physicians who responded that they had "no Partnership members" or "did not know" if they had any. One possible explanation is that CHP has the largest provider network (number of physicians) and serves a more rural area with a more dispersed population. The result is that, on average, a CHP physician serves 2 or 3 Partnership members compared with 5 or 6 for the other Partnership organizations.
- For all the Partnership organizations, more than 85% of the responding physicians said that they "almost always" or "usually" had the needed background information to care for the member. More than 85% were also "very satisfied" or "satisfied" with the amount of phone work and paperwork. These percentages are slightly lower than those of the 2001 survey.
- 74-75% of the physicians from Elder Care and CCE responded that the involvement of the nurse practitioner promoted better follow through of the MD's recommendations "much more consistently" compared with 34-35% by the physicians from CHP and CLA. CCE and Elder Care serve frail elderly people. CLA serves people with physical disabilities and CHP serves both frail elderly and those with physical disabilities.
- 92.3% of CCE's physicians responded that they have a "very collaborative" working relationship with the nurse practitioner. 48-61% of the physicians from Elder Care, CHP and CLA responded that they had a "very collaborative" working relationship with the nurse practitioner.
- 35-36% of the physicians from CCE and CLA said that they "routinely get a copy of the ISP (Individualized Service Plan) and have been involved in its development". Less than 10% of the CHP and Elder Care physicians responded in that way.

Statistical Significance

The aggregate survey findings are statistically significant at a 95% confidence level and confidence interval of seven. The findings are not statistically significant by the individual Partnership organization because of the small number of surveys returned.

Summary and Recommendations

The survey response rate of 34.2% (114 of 333) approximates the average rate of return for similarly mailed surveys. In general, the primary care physicians who returned the survey are much more satisfied than dissatisfied. Areas that show the highest levels of overall satisfaction are having needed background information (93.7% "almost always & usually"), the amount of telephone work (92.6% "very satisfied & satisfied"), and the amount of paperwork (91.6% "very satisfied & satisfied").

A very positive survey response found that 51.1% of the physicians who responded to the survey indicated that the involvement of the nurse practitioner promoted "much more consistent" follow through of physician recommendations and an additional 33.0% indicated the involvement promoted "more consistent" follow through. The remaining 15.9% responded that follow through was "about the same".

Opportunities for improvement may exist regarding physician involvement and knowledge of a member's Individualized Service Plan (ISP) and participation in the Partnership Program. However, some physicians may not want more involvement in the member's ISP. A future survey question could ask if the physician **wants** more involvement in the member's ISP. Sixteen of the 114 physicians who returned the survey "did not know" if they treated a patient who was in the Partnership Program. The Partnership Program is small and is one of many managed care programs that physicians have interaction with. It would be worthwhile to compare the response to this question from a survey of another managed care program.

The results of the study reported here should be treated with caution at the individual Partnership organization level. Further research could focus on differences in program knowledge based on the number of Partnership members that a physician sees or whether the differences are associated with seeing frail elderly or people with physical disabilities.

8

Nancy Crawford, Program & Planning Analyst